10/15/2009 17:00

Image# 29992949229

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 10 15 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3/39 FEC Form 3X (Rev. 02/2003)

\	Vrite or Type Committee Name American Academy of Ophthalmology Inc Po	litical Committee (OPHTHPAC)
ı	Report Covering the Period: From:	0 1 Y Y Y Y Y Y 2 0 0 9	To: 0 9 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009		681385.49
	(b) Cash on Hand at Begining of Reporting Period	701523.00	
	(c) Total Receipts (from Line 19)	36615.41	473310.25
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	738138.41	1154695.74
7.	Total Disbursements (from Line 31)	45788.46	462345.79
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	692349.95	692349.95
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 39

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

2009

To:

м м

^D 30

^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	31770.32	417998.56
(ii) Unitemized	3885.00	41947.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35655.32	459946.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35655.32	459946.18
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	960.09	13364.07
. Transfers from Non-Federal and Levin Funds	S	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36615.41	473310.25
. Total Federal Receipts (subtract Line 18(c) from Line 19)	36615.41	473310.25

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5/39

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	799.46	14164.00
	Expenditures(c) Total Operating Expenditures	788.46	14164.29
	(add 21(a)(i), (a)(ii) and (b))	788.46	14164.29
22.	Transfers to Affiliated/Other Party		
2	Contributions to	0.00	0.00
.0.	Federal Candidates/Committeesand Other Political Committees	45000.00	385000.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	58704.00
:Ο.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	(a) Individuals/Persons Other Than Political Committees	0.00	4477.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4477.50
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45788.46	462345.79
20	Total Federal Disbursements		
32.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	45788.46	462345.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 39

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	35655.32	459946.18
I. Total Contribution Refunds (from Line 28(d))	0.00	4477.50
Net Contributions (other than loans) (subtract Line 34 from Line 33)	35655.32	455468.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	788.46	14164.29
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	788.46	14164.29

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/39 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			son for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jeffrey Baumann Mailing Address 17560 W Highway 44	1		Date of Receipt
	City Mount Dora	State FL	Zip Code 32757-6711	Transaction ID: 20EA3F3FF46CAA56073 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthan Aggregate		
- В.	Full Name (Last, First, Middle Initial) Norbert Mathias Becker Mailing Address 302 Randall Road Sui	te 10		Date of Receipt 0 9 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 293E6F39FC7517107C4
	Geneva FEC ID number of contributing federal political committee.	C	60134-4209	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Timothy Bonner			Date of Receipt
	Mailing Address Suite 201 1542 Golf Course Roa			09 / 03 / 2009
	City Grand Rapids	State MN	Zip Code 55744-3537	Transaction ID: D3AF105527C91960396 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1865.00
ļ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, otl NAME OF COMMITTEE (II	ner than using the name and ad n Full)	ly not be sold or used by any pers dress of any political committee to all Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Midd J. Luigi Borrillo Mailing Address 486 S T City Sunnyvale FEC ID number of contribut federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	Taaffe Street State CA ing Occupation Ophthan Aggregate		Date of Receipt M M M
Full Name (Last, First, Middon Thomas Brewington Mailing Address 807 Surface S	state NC ing Occupatio Ophthan Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 11DE2C31605E5A0AB9 Amount of Each Receipt this Period 365.00
City Royal Oak FEC ID number of contribut federal political committee. Name of Employer Self Receipt For:	14 13 Mile Road State MI ing C Occupation Ophthan		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	Page (optional)		1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and addres	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor City Jersey City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophthamolo Aggregate Yea		Date of Receipt M M J D D J 2009 Transaction ID: 401BBF56A586F86A3FAA Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) S. William Clark, III Mailing Address 502 Isabella Street City Waycross FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthamolo Aggregate Yea	•	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Scott Corin Mailing Address 9154 Taverna Way City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State FL C Occupation Ophthamolo Aggregate Yea	·	Date of Receipt M M M / D D / 2009 Transaction ID: 8B71D8A6-1C4C-4AED- Amount of Each Receipt this Period 1000.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	1516.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) James Croley, III Mailing Address 613 Del Prado Bouleva City Cape Coral FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	rd State Zip Code FL 33990-2611 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Terry Croyle Mailing Address 2375 S Main Street City Moultrie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code GA 31768-6517 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M M
с.	Full Name (Last, First, Middle Initial) Thomas Deutsch Mailing Address Suite 918 1725 W Harrison Stree City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 60612-3863 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		1530.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
ر A .	Full Name (Last, First, Middle Initial) Louise Doyle		,	Date of Receipt
	Mailing Address 2020 Kenny Road		7.0.1	09 28 2009
	City <u>Columbus</u>	State OH	Zip Code 43221-3502	Transaction ID: 00217DD1931AEB4CF68 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45221-5502	365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) F. Jane Durcan			Date of Receipt
	Mailing Address 427 S Bernard Street			09 23 7 2009
	City	State	Zip Code	Transaction ID: E096249FD155296EC0B
	Spokane FEC ID number of contributing federal political committee.	C	99204-2509	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Albert Edwards			Date of Receipt
	Mailing Address 864 WICKLOW LANE	SW		0 9 1 9 2 0 0 9
	City ROCHESTER	State MN	Zip Code 55902	Transaction ID: 288FB5A6-1C8F-432D- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
ļ	TOTAL This Period (last page this line number	only)		

	LE A (FEC Form 3) D RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 39 (check only one) X	
NAME OF	COMMITTEE (In Full)		y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
America	TACAGETTY OF OPTIMALITION	ogy inc Politica	i Committee (OPHTHPAC)		
Natalka Fe				Date of Receipt	
Mailing Ad	dress 3301 Lake Avenue			09 21 2009	
City		State	Zip Code	Transaction ID: 209C9A0F6D0AC6E57	
Fort Way	/ne	IN	46805-5529	Amount of Each Receipt this Period	
	imber of contributing itical committee.	C		2500.00	
Name of E Self	mployer	Occupation Ophthan			
Receipt Fo		Aggregate	e Year-to-Date ▼ 2500.00		
Full Name Gregg Fein	(Last, First, Middle Initial) erman			Date of Receipt	
Mailing Ad	dress 320 Superior Avenu	09 01 2009			
City			Zip Code	Transaction ID: 1145DE16-3A78-4A9F	
<u>Newport</u>		CA	92663	Amount of Each Receipt this Period	
	imber of contributing itical committee.	C		1000.00	
Name of E Self	mployer	Occupatio Ophthan			
Receipt For Prim		Aggregate	e Year-to-Date ▼ 2000.00		
Full Name Gregg Fein	(Last, First, Middle Initial)			Date of Receipt	
Mailing Ad		ue #390		0 9 0 1 2 0 0 9	
City	_	State	Zip Code	Transaction ID: B862B25B-3390-4BFE	
<u>Newport</u>		CA	92663	Amount of Each Receipt this Period	
	imber of contributing itical committee.	C		1000.00	
Name of E Self	mployer	Occupatio Ophthan			
Receipt Fo		Aggregate	e Year-to-Date ▼ 2000.00		
SURTOTAL	of Receipts This Page (optional			4500.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Martin Fishman Mailing Address Suite 3			Date of Receipt
	City Suite 3	e State	Zip Code	0 9 0 9 2 0 0 9 Transaction ID: 58B732C26C1D4BCB6FE
	Los Gatos	CA	95030-5319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) L. Neal Freeman			Date of Receipt
	Mailing Address Florida Eye Associat 502 East New Haven	09 / 03 / 2009		
	City	State	Zip Code	Transaction ID: 24CD8543BD0CD3A1DB0
	Melbourne	FL	32901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
с. С.	Full Name (Last, First, Middle Initial) Ronald Freeman			Date of Receipt
	Mailing Address 755 South Milwaukee North 150	e Avenue		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Libertyville</u>	State IL	Zip Code 60048	Transaction ID: 0B61C2CD05BDA07F392 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1165.00
Ī	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to		
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)		
∠ A .	Full Name (Last, First, Middle Initial) Ivan Garcia			Date of Receipt	
	Mailing Address Suite 300 2925 Lord Baltimore		09 09 YYYY 2009		
	City	State	Zip Code	Transaction ID: 88AC589B62447857E10	
	Baltimore	MD	21244-2634	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupatio Ophtham			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
_ В.	Full Name (Last, First, Middle Initial) Bruce Garretson			Date of Receipt	
	Mailing Address 3535 W 13 Mile Road			09 / 21 / 2009	
	City	State	Zip Code	Transaction ID: 981D3EFCAA365278C	
	Royal Oak	MI	48073-6770	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self	Occupatio Ophtham			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
_ C.	Full Name (Last, First, Middle Initial) John Garrett			Date of Receipt	
	Mailing Address 1301 Carpenter Aver	nue		09 03 2009	
	City	State	Zip Code	Transaction ID: 70BD3BFD942A5DA6D2	
	Iron Mountain FEC ID number of contributing federal political committee.	C	49801-4725	Amount of Each Receipt this Period 1000.00	
	Name of Employer Self	Occupatio Ophtham			
	Receipt For:	_ ' ' '	Year-to-Date ▼	\dashv	
	Primary General Other (specify) ▼	55.153.00	1000.00		
Γ				3000.00	

Albuquerque NM 87106-4739 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation City State Zip Code Transaction ID: 4F99A34F97C0DF2BBF Henderson NC 27536-5920 FEC ID number of contributing federal political committee. Name of Employer Self Pacwer B Receipt this Period Pacwer B ReculrRING CC PAYME-NT APPROVED AND SETTLED Date of Receipt No M O O O O O O O O O O O O O O O O O O	-	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Todd Godelium Mailing Address 303D Mulberry Street Northeast City State Zip Code		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
B. Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-5920 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code NC 27536-5920 Feceipt For: Primary General Other (specify) ▼ State Zip Code Ophthamologist Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Richard Hawkins Mailing Address 1729 New Hanover Medical Park Driv City State Zip Code Willmington FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Receipt For: Primary General Occupation Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1729 New Hanover Medical Park Driv Date of Receipt Transaction ID: 4598ACF8FE730FAF1B Amount of Each Receipt this Period Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date ▼ Table Mailing Address 1729 New Hanover Medical Park Driv Aggregate Year-to-Date	A .	Todd Goldblum Mailing Address 303D Mulberry Street City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State NM C Occupation Ophthan	87106-4739 on nologist e Year-to-Date	Transaction ID: 4B6483139B3C7D214B9B Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME-
Mailing Address 1729 New Hanover Medical Park Driv City State Zip Code Wilmington NC 28403-5345 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ Oate of Receipt Transaction ID: 455B8CF8FE730FAF1B Amount of Each Receipt this Period PACWEB RECURRING CC PAYME-NT APPROVED AND SETTLED 100.00	В.	Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	NC C Occupation Ophthan	27536-5920 on nologist e Year-to-Date ▼	Transaction ID: 4F99A34F97C0DF2BBF28 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)	c.	Richard Hawkins Mailing Address 1729 New Hanover Me City Wilmington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State NC C Occupation Ophthan	Zip Code 28403-5345 on nologist e Year-to-Date ▼	Transaction ID: 455B8CF8FE730FAF1B9A Amount of Each Receipt this Period 50.00
		SUBTOTAL of Receipts This Page (optional)			100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 39 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Hines Mailing Address 5273 Peregrine Crest City Roanoke FEC ID number of contributing federal political committee.	State VA	Zip Code 24018	Date of Receipt M M M O 9 O 3 0 O 2 0 0 9 Transaction ID: 01883E1B-F33B-45D8- Amount of Each Receipt this Period 500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophtham Aggregate		
В.	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupatio Ophtham Aggregate		Date of Receipt M M M
C.	Full Name (Last, First, Middle Initial) Johanna Jensen Mailing Address Suite A 1615 12th Avenue Ro City Nampa FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State ID C Occupatio Ophtham		Date of Receipt M M M / D D D 28 2009 Transaction ID: 6146CE615B4A4EBAB9B Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1166.66

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee of Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carol Johnston Mailing Address 6 Office Park Drive City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NC 28546-7325 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey Ketcham Mailing Address PO Box 134 City Red Wing FEC ID number of contributing federal political committee. Name of Employer Self	State Zip Code MN 55066-0134 C	Date of Receipt M M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Spero Kinnas Mailing Address 539 60th Place	Ophthamologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt 0 9 1 7 2 0 0 9
City Burr Ridge FEC ID number of contributing federal political committee.	State Zip Code IL 60527	Transaction ID: 761F4DCF-B7F6-4C02 Amount of Each Receipt this Period 250.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descints This Desc (autional)		665.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 39 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Lisa Lane		,	Date of Receipt
	Mailing Address 5790 N Camino De La City	Sombra State	Zip Code	0 9 0 9 2 0 0 9 Transaction ID: 4668AE1693024A386A2
	Tucson	AZ	85718-3919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 900.00	
В.	Full Name (Last, First, Middle Initial) Robert Lesser Mailing Address Suite 5B			Date of Receipt
	40 Temple Street City	State	Zip Code	0 9 2 3 2 0 0 9 Transaction ID: 84335BCD9453236C316
	New Haven	CT	06510-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	000 10 27 10	250.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Andrew Levada Mailing Address Suite 100			Date of Receipt
	Mailing Address Suite 100 1201 W Main Street			09 03 2009
	City	State	Zip Code	Transaction ID: A3F5D7AF14EA6B798E4
	Waterbury FEC ID number of contributing federal political committee.	CT	06708-3105	Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			715.00
	TOTAL This Period (last page this line number of	only)	<u> </u>	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	tion copied from such Reports and ercial purposes, other than using th F COMMITTEE (In Full) an Academy of Ophthalmolog	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Jason Le Mailing A City Tucson FEC ID r	oddress 5790 N Camino De L	a Sombra State AZ	Zip Code 85718-3919	Date of Receipt M M M D D D Z 2009 Transaction ID: 43A28422426F1F57BB0 Amount of Each Receipt this Period 100.00
Receipt I	Employer For: mary	Occupation Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	ne (Last, First, Middle Initial) odd Liegner Address 350 Sparta Ave Bldg	A		Date of Receipt 0 9 28 2009
federal p	number of contributing olitical committee.	State NJ C	Zip Code 07871	Transaction ID: 782C4187-87AD-4293- Amount of Each Receipt this Period 1000.00
Receipt I		Ophtham Aggregate	ologist Year-to-Date ▼ 1000.00	
Full Nam Solomon Mailing A		rd		Date of Receipt 0 9 0 9 2 0 0 9
	le number of contributing olitical committee.	State PA	Zip Code 17901-2534	Transaction ID: BBF7BDBFDBA6169F5I Amount of Each Receipt this Period 365.00
Self Receipt F		Occupation Ophtham Aggregate		
	mary ☐ General ner (specify) ▼	0 0	365.00	
	L of Receipts This Page (optional)		<u></u>	1465.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NI (check only o X 11a	
or for commerc	n copied from such Reports and cial purposes, other than using the COMMITTEE (In Full) a Academy of Ophthalmolog	ne name and ad	y not be sold or used by any pers dress of any political committee to I Committee (OPHTHPAC)	on for the purpos o solicit contributi	e of soliciting contributions ons from such committee.
A. Matthew Pa Mailing Add City Traverse FEC ID nut federal polit Name of Et Self Receipt Fo	City mber of contributing tical committee. mployer r: ary General	State MI C Occupation Ophthan	nologist e Year-to-Date ▼		<u>'</u>
Full Name William Mar Mailing Add City West Har	rtford mber of contributing tical committee.	State CT C	Zip Code 06117		<u> </u>
	ary General r (specify) ▼ (Last, First, Middle Initial)	Ophthan Aggregate	nologist e Year-to-Date ▼ 365.00	Date of Re	eceipt
City Presque FEC ID nur federal polir Name of Er Self Receipt Fo	dress PO Box 785 Isle mber of contributing tical committee. mployer r:	State ME C Occupation Ophtham Aggregate		0 9	<u>'</u>
SUBTOTAL	of Receipts This Page (optional)		I		1365.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) William May Mailing Address Suite 2000 9209 Colima Road			Date of Receipt 0 9 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 4361D69E9685945E5FC
	Whittier FEC ID number of contributing federal political committee.	CA	90605-1816	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Б.	Full Name (Last, First, Middle Initial) Aaron Miller	l		Date of Receipt
	Mailing Address Suite 4 13414 Medical Comple	ex Drive		09 23 2009
	City	State	Zip Code	Transaction ID: 4EA1BBE9A5D3788EFBBD
	Tomball	TX	77375-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 PACWEB RECURRING CC PAYME-
	Name of Employer Self	Occupation Ophthan	nologist	NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
С.	Full Name (Last, First, Middle Initial) Sean Neel			Date of Receipt
	Mailing Address 668 Skyline Drive			09 03 2009
	City	State	Zip Code	Transaction ID: 27866397D8BA3167508
	<u>Jackson</u>	TN	38301-3951	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupation Ophthan	nologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional))	665.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Catherine Newton Mailing Address Suite 170			Date of Receipt
	6420 Dutchmans Park	way		09 23 2009
	City	State	Zip Code	Transaction ID: C8C35678FA99595F9B
	Louisville	KY	40205-3353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		720.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 720.00	
- В.	Full Name (Last, First, Middle Initial) Lanny Odin			Date of Receipt
	Mailing Address 5109 Blackwolf Road			09 03 2009
	City	State	Zip Code	Transaction ID: 2E7061AB272EA2028F
	Springfield	<u>IL</u>	62711-7894	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 1000.00	
- C.	Full Name (Last, First, Middle Initial) Andrew Packer			Date of Receipt
	Mailing Address Suite 822 85 Seymour Street			09 / 23 / 4 2009
	City Hartford	State CT	Zip Code 06106-5527	Transaction ID: 6F34C9388353467986E
	FEC ID number of contributing federal political committee.	C	00100-3327	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2220.00
	TOTAL This Period (last page this line number	only)		

San Gabriel CA 91776-1145 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. David Richardson Mailing Address 207 S Santa Anita Ave Site P25 City State Zip Code San Gabriel CA 91776-1145 FEC ID number of contributing federal political committee. Name of Employer Primary General Ophthamologist Angregate Year-to-Date ▼ Lond Beach Boulevard City State Zip Code Lond Beach Boulevard FEC ID number of contributing federal political committee. Date of Receipt For: Primary General Ophthamologist Aggregate Year-to-Date ▼ Lond Beach Goulevard FEC ID number of contributing federal political committee. Name of Employer Self CD number of contributing federal political committee. Name of Employer Self CD number of contributing federal political committee. Pacceipt For: Primary General Ophthamologist Receipt For: Ophthamologist R	•	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Sile P25 City San Gabriel CA San Gabriel CA Sitate City City City City City City City City	Α.	David Richardson	e		<u> </u>
Receipt For:		Ste P25 City San Gabriel FEC ID number of contributing	State CA	·	Transaction ID: 4AA9929BB5B481A0934B Amount of Each Receipt this Period 317.00
B. Teresa Rosales Mailing Address Suite 108 4100 Long Beach Boulevard City State Zip Code Long Beach CA 90807-2696 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) Gerald Schultz Mailing Address Suite 2 81-893 Doctor Carreon Boulevard City State Zip Code Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. PACWEB RECURRING CC PAYME-NT APPROVED AND SETTLED PACWEB RECURRING CC PAYME-NT APPROVED APPROVED APPROVED AND SETTLED PACWEB RECURRING CC PAYME-NT APPROVED APP		Receipt For: Primary General	Ophthan	nologist e Year-to-Date ▼ 317.00	NT APPROVED AND SETTLED
FEC ID number of contributing federal political committee. Name of Employer Self Name of Employer Self Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Gerald Schultz Mailing Address Suite 2 81-893 Doctor Carreon Boulevard City State Zip Code Indio CA 92201-5592 FEC ID number of contributing federal political committee. Name of Employer Self Name of Employer General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	В.	Teresa Rosales Mailing Address Suite 108 4100 Long Beach Bou	State	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General 225.00		FEC ID number of contributing federal political committee. Name of Employer	C	n	25.00 PACWEB RECURRING CC PAYME-
C. Gerald Schultz Mailing Address Suite 2 81-893 Doctor Carreon Boulevard City State Zip Code Indio CA 92201-5592 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Primary General	<u> </u>	e Year-to-Date ▼	
Receipt For: Primary Other (specify) ▼ Occupation Ophthamologist Aggregate Year-to-Date Aggregate Year-to-Date 365.00	C.	Gerald Schultz Mailing Address Suite 2 81-893 Doctor Carreo City Indio	State	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		federal political committee. Name of Employer	Occupation		365.00
SUBTOTAL of Receipts This Page (optional)		Primary General	, ' '	e Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional) .			707.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	lress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Arthur Schwartz Mailing Address Suite 950 5454 Wisconsin Avenu City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MD C Occupation Ophtham		Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) David Shulman Mailing Address Suite 127 999 E Basse Road City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt M M M O D D O 8 2 0 0 9 Transaction ID: 4EF59D696C07C67A27C Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
с.	Full Name (Last, First, Middle Initial) Scott So Mailing Address Suite 214 2100 Webster Street City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			565.00

	of Receipts This Page (optional			665.00
	or: nary General er (specify) ▼		e Year-to-Date ▼ 450.00	
Name of E Self		Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
FEC ID no	umber of contributing slitical committee.	C		50.00
City Yorktow	'n	State VA	Zip Code 23693-5581	Transaction ID: 4B7E94B68FF80524 Amount of Each Receipt this Period
Gary Tann Mailing Ac	ner	ourt		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	er (specify) ▼ e (Last, First, Middle Initial)	0 0	250.00	
Receipt F		Ophtham Aggregate	e Year-to-Date ▼	1
Name of E Self	Employer	Occupation		
FEC ID no	umber of contributing litical committee.	C		250.00
City McAllen		State TX	Zip Code 78501	Transaction ID: 05ED1932-7AA8-480 Amount of Each Receipt this Period
James Su Mailing Ad	ddress 708 S 1st St			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	e (Last, First, Middle Initial)			
	or: nary General er (specify) \blacktriangledown	Aggregate	e Year-to-Date ▼ 365.00	
Name of E Self	Employer	Occupation Ophtham		
	umber of contributing litical committee.	C		365.00
City Atlanta		State GA	Zip Code 30342-1709	Transaction ID: E7950FD2124FD739 Amount of Each Receipt this Period
Mailing Ad				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e (Last, First, Middle Initial)			Date of Receipt
\	,	ogy Inc Political	Committee (OPHTHPAC)	
or for comme	ercial purposes, other than using F COMMITTEE (In Full)	g the name and add	dress of any political committee to	o solicit contributions from such committee.
Any informati	ion copied from such Reports a	nd Statements may	Detailed Summary Page y not be sold or used by any pers	X 11a 11b 11c 12 13 14 15 16 on for the purpose of soliciting contributions
	JLE A (FEC Form 3) D RECEIPTS	,	Use separate schedule(s) for each category of the	(check only one)

A. NAME CAN America Full Nam Alice Tow Mailing A City Beloit FEC ID federal p	re (Last, First, Middle Initial) In Academy of Ophthalmology In (Last, First, Middle Initial) In I	y Inc Political Co	Zip Code 53511-1842	Date of Receipt Date of Receipt
A. Alice Tow Mailing A City Beloit FEC ID federal p Name of Self	number of contributing olitical committee. Employer For: mary General	State WI C Occupation Ophthamolo	53511-1842 ogist	Transaction ID: BACB67FC743FDB0094 Amount of Each Receipt this Period
Beloit FEC ID federal p Name of Self	entrical committee. Employer For: mary General	C Occupation Ophthamolo	53511-1842 ogist	Amount of Each Receipt this Period
Name of Self	Employer For: mary General	Ophthamolo		
	iei (Specify) 🔻		730.00	1
Full Nam	e (Last, First, Middle Initial)	pad		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	~	State	Zip Code	Transaction ID: 0634E292583F7D3CF9
	g number of contributing olitical committee.	CA	96002-2122	Amount of Each Receipt this Period 2500.00
Name of Self	Employer	Occupation Ophthamolo	gist	
	For: mary General ner (specify) ♥	Aggregate Ye	ar-to-Date ▼ 2500.00	
Full Nan Michael	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	ddress Suite 344 3535 W 13 Mile Road			09 / 23 / 2009
City <u>Royal (</u>	Dak	State MI	Zip Code 48073-6770	Transaction ID: 0D2C3AF63CA8B7093B Amount of Each Receipt this Period
	number of contributing olitical committee.	C		1000.00
Self	Employer	Occupation Ophthamolo	gist	
	For: mary General ner (specify) ♥	Aggregate Ye	ar-to-Date ▼ 1000.00	
SUBTOTA	L of Receipts This Page (optional) .			3865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 39 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers dress of any political committee to	
	American Academy of Ophthalmolog	y Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Gary Tylock			Date of Receipt
	Mailing Address 3100 N Macarthur Bo	ulevard		09 03 2009
	City	State	Zip Code	Transaction ID: F90A4206C906E993647
	Irving	TX	75062-4451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Aaron Weingeist	1		Date of Receipt
	Mailing Address 3934 S Americus Stre	eet		09 / 05 / 4 4 4 4
	City	State	Zip Code	Transaction ID: 413A8DF49B591E3F1D4
	Seattle	WA	98118-1640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self	Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
- С.	Full Name (Last, First, Middle Initial) Dana Weinkle	1		Date of Receipt
	Mailing Address 3131 S. Tamiami Tra	il #201		09 25 7 9 9
	City	State	Zip Code	Transaction ID: AD29A8FC-0181-4767-
	Sarasota	FL	34239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		865.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			1050.00
-	series and a series and a series and a			24770.00
	TOTAL This Period (last page this line number	r only)	1	31770.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 39 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Avenu 3rd Floor	ıe		Date of Receipt 0 9 3 0 7 2 0 0 9
City Pasadena FEC ID number of contributing federal political committee.	State CA	Zip Code 91101	Transaction ID: 3D0882F4ED67B935D6D Amount of Each Receipt this Period 960.09
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 8482.61	CD interest - Sep09

SUBTOTAL of Receipts This Page (optional)	•	960.09
TOTAL This Period (last page this line number only)	•	960.09

В.

President District:

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only or X 21b	ne) 22 23 24 25 26
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by a and address of any political com	27 any person for amittee to solicit	28a 28b 28c 29 30b the purpose of soliciting contributions t contributions from such committee
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPHT)	HPAC)	
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Transaction ID: 1E50E1645E07E46B76 Date of Disbursement
Mailing Address PO Box 63020			$\begin{bmatrix} 0 & 9 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$
City San Francisco	State Zip Code CA 94163		Amount of Each Disbursement this Period
Purpose of Disbursement Bank charges - 9/09 Candidate Name		001	536.63
		ategory/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary		
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Transaction ID: D2665C73821331BA38. Date of Disbursement
Mailing Address PO Box 63020			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	State Zip Code CA 94163		Amount of Each Disbursement this Period
Purpose of Disbursement AMEX discount - 9/09		001	251.83
Candidate Name	II.	ategory/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		

		788.46
SUBTOTAL of Disbursements This Page (optional)		700.40
TOTAL This Period (last page this line number only)	•	788.46

State:

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		R LINE	NUMBE	H:		PAG	E 30/	39
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	X 23 28	b 🗌	24 28c	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nan										3
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OF	PHTH	HPA	.C)						
<u>/</u>	Full Name (Last, First, Middle Initial) Adler for Congress					Date	action of Disbu	ırsemei			
	Mailing Address 14 Knightswood Drive					0 ^M 9		17	Ľ.	ž 0 ŏ 9	9
	City Marlton	State Zip Code NJ 08053				Amou	int of Ea	ach Disl	burseme		-
	Purpose of Disbursement 2010 Primary Contribution			011		L.			1	500.00)
	Candidate Name John H. Adler			ateg Type	,						
	Senate >	ement For: 2010 Primary General Other (specify)	•								
	State: NJ District: 03 Full Name (Last, First, Middle Initial) Alamo Pac						action of Disbu		4430-7	03273	95200
	Mailing Address 919 Congress Ave Suite Frost Bank Plaza	1400				0 ^M 9	M /	03	/ Y	ž 0 ŏ 9	e Y
	City Austin	State Zip Code TX 78701				Amou	int of Ea	ach Disl	burseme	ent this I	Period
	Purpose of Disbursement 2014 Primary Contribution			011		L.			1	500.00)
	Candidate Name Alamo Pac			ateg Type	•						
	Senate	ement For: 2009 Primary General Other (specify)	•								
	Full Name (Last, First, Middle Initial) Andy Harris for Congress					Date	of Disbu	ırsemei			
	Mailing Address PO Box 1527					0 9	M /	17	/ Y	ž 0 ŏ 9) Y
	City Annapolis	State Zip Code MD 21404				Amou	int of Ea	ach Disl	burseme	ent this I	Period
	Purpose of Disbursement Contribution 2010 Primary			011		L.			2	500.00)
	Candidate Name Andrew P. Harris			ateg Type							
	Senate >	ement For: 2010 Primary General Other (specify)									
	State: MD District: 01									500.00	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 31/39
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 28a 28b	24 25 2 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and address of any political	I committee to sol		
American Academy of Ophthalmology Inc	Political Committee (OP	HTHPAC)		
Full Name (Last, First, Middle Initial) Capuano for Senate Committee			Date of Disburser	
Mailing Address 172 Central St			09 28	2009
City Somerville	State Zip Code MA 02145		Amount of Each [Disbursement this Period
Purpose of Disbursement Contribution 2009 Special Candidate Name		011 Category/		2500.00
Michael E. Capuano		Type		
Office Sought: House Disburs X Senate President State: MA District: Special	_			
Full Name (Last, First, Middle Initial)				99311-6251794695
Citizens for Altmire			Date of Disburser	
Mailing Address PO Box 1776			09 28	8 7 2009
City Freedom	State Zip Code PA 15042		Amount of Each [Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011		1000.00
Candidate Name Jason Altmire		Category/ Type		
	ement For: 2010 Primary General Other (specify)	7,		
Full Name (Last, First, Middle Initial) Citizens for Altmire			Date of Disburser	
Mailing Address PO Box 1776			09 28	2009
City Freedom	State Zip Code PA 15042		Amount of Each I	Disbursement this Period
Purpose of Disbursement Void ck issued same day, 9/28/09.		011		-1000.00
Candidate Name Jason Altmire		Category/ Type		
Senate X President	ement For: 2010 Primary General Other (specify)			
State: PA District: 04				2500.00
SUBTOTAL of Disbursements This Page (optional)				2300.00
TOTAL This Period (last page this line number only E6AN026)	b	FFO October 1	B (Form 3X) (Revised

T					rate schedule(s)		FOR L	only or	ne)		L			
	EMIZED DISB			Detailed S	category of the Summary Page		21I 27		22 28a	X 23 28b		8c	25 29	
	y Information copied fro	s, other than using												
	NAME OF COMMITT American Academ	, ,	logy Inc Po	olitical C	ommittee (OP	нтн	PAC)							
	Full Name (Last, First, Citizens for Altmire	,							Date of	Disbu	D: 993 rsement	11-55	70032	000
	Mailing Address F	O Box 1776							0 9	/ [29	ÝŽ	0 Ó 9	Y
	City Freedom		Sta P		Zip Code 15042				Amoun	t of Ea	ch Disbu			erioc
	Purpose of Disbursem 2010 Primary Contribu Candidate Name)11					10	00.00	
	Jason Altmire	House	Disburseme	ant For:	2010		egory/ ype							
		Senate President	ΧP	rimary other (spe	General									
	State: PA Dis Full Name (Last, First	trict: 04 Middle Initial)							Transa	ction I	D: 444	30-95	86145	281
	Committee for the		Capitalism	(CPC),	the					Disbu	rsement		0 ŏ 9	
	Mailing Address F	O Box 65314							0 9		0.3		009	_
	0 1:				-									
	City Washington		Sta Do		Zip Code 20036				Amoun	t of Ead	ch Disbu			erio
	Washington Purpose of Disbursem 2010 General Contribu)11]	Amoun	t of Ead	ch Disbu		t this P	erio
	Washington Purpose of Disbursem 2010 General Contribut Candidate Name Committee for the	Preservation of	Do Capitalism	C ı (CPC),	20036	Cat)11 egory/ ype		Amoun	t of Eac	ch Disbu			erioc
	Washington Purpose of Disbursem 2010 General Contribut Candidate Name	ution	Capitalism Disburseme	C ı (CPC),	20036 2009 General	Cat	egory/]	Amoun	t of Eac	ch Disbu			erioc
	Washington Purpose of Disbursem 2010 General Contribution Candidate Name Committee for the the Office Sought: State: Dis	Preservation of House Senate President trict:	Capitalism Disburseme	C (CPC), ent For: rimary	20036 2009 General	Cat	egory/]				25	00.00	
	Washington Purpose of Disbursem 2010 General Contribution Candidate Name Committee for the the Office Sought:	Preservation of House Senate President trict: Middle Initial)	Capitalism Disburseme X C Contributi	C (CPC), ent For: rimary	20036 2009 General	Cat	egory/		Transa Date of	ection I	D: 944	25	25354	266
	Washington Purpose of Disbursem 2010 General Contribution Candidate Name Committee for the the Office Sought: State: Dis Full Name (Last, First, Committee To Elect Mailing Address F	Preservation of House Senate President trict: Middle Initial)	Capitalism Disburseme X Contributi	n (CPC), ent For: rimary other (spe	20036 2009 General cify)	Cat	egory/]	Transa Date of	iction I	D : 944	25 -09-85	00.00 25354 0 ŏ 9	266
	Washington Purpose of Disbursem 2010 General Contribution Candidate Name Committee for the the Office Sought: State: Dis Full Name (Last, First, Committee To Elect Mailing Address F City Cheshire	Preservation of House Senate President ttrict: Middle Initial) ot Chris Murphy PO Box 127	Capitalism Disburseme X C Contributi	n (CPC), ent For: rimary other (spe on	20036 2009 General	Cat	egory/]	Transa Date of	iction I	D: 944	25 09-85 Y 2	00.00 25354 0 0 9 t this F	266
	Washington Purpose of Disbursem 2010 General Contribut Candidate Name Committee for the the Office Sought: State: Dis Full Name (Last, First, Committee To Elect Mailing Address City Cheshire Purpose of Disbursem 2010 Primary Contribut	Preservation of House Senate President ttrict: Middle Initial) ot Chris Murphy PO Box 127	Capitalism Disburseme X C Contributi	n (CPC), ent For: rimary other (spe on	2009 General cify)	Cat	regory/ ype]	Transa Date of	iction I	D : 944	25 09-85 Y 2	00.00 25354 0 ŏ 9	266
	Washington Purpose of Disbursem 2010 General Contribut Candidate Name Committee for the the Office Sought: State: Dis Full Name (Last, First, Committee To Elect Mailing Address City Cheshire Purpose of Disbursem 2010 Primary Contribut Candidate Name Christopher S. Mun	Preservation of House Senate President strict: Middle Initial) of Chris Murphy PO Box 127	Capitalism Disburseme X C Contributi	n (CPC), ent For: rimary other (spe on	20036 2009	Cat T	regory/ ype]	Transa Date of	iction I	D : 944	25 09-85 Y 2	00.00 25354 0 0 9 t this F	266
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	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	()		R LINE eck only	NUMBE	H:		PA	GE 3	3 / 39	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a	X 23	3b	24 28c	2 2	9	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	· · · · · · · · · · · · · · · · · · ·										
	Full Name (Last, First, Middle Initial) David Scott for Congress Mailing Address PO Box 960821					Date	saction of Disb				99293 0 9 [°]	3804
	City	State Zip Code				Amou	int of E	ach Di	sburse	ment th	nis Peri	iod
	Riverdale Purpose of Disbursement	GA 30296		0.1						2500	.00	
	2010 Primary Contribution Candidate Name David Albert Scott		1	01 ² ateg	ory/							
		ement For: 2010 Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress					Date	action of Disb	ursem				6069
	Mailing Address 9340 Fuerte Drive Suite	302				0 9	M /	17] / L	ž 0	ŏ9 Y	
	City La Mesa	State Zip Code CA 91941				Amou	int of E	ach Di	sburse			iod
	Purpose of Disbursement 2010 Primary Contribution			01		L.			•	1000	.00	
	Candidate Name Duncan D. Hunter		1	ateg Typ								
	X X	ement For: 2010 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Friends of Glenn Nye					Date	action of Disb	ursem	ent	-6704	82814	431
	Mailing Address PO Box 68444					0 ^M 9	M /	03	/ Y	ž o	ŏ 9 °	
	City Virginia Beach	State Zip Code VA 23471				Amou	int of E	ach Di	sburse		-	iod
	Purpose of Disbursement 2010 Primary Contribution			01	1.		-			1500	.00	
	Candidate Name Glenn C. Nye			ateg Typ								
		ement For: 2010 Primary General Other (specify)	•									
_	2.00.100.02											

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C.

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 34/39
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b = 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten	ents may not be sold or used by		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology Inc	Political Committee (OPH)	THPAC)	
Full Name (Last, First, Middle Initial) Gillibrand for Senate			Transaction ID: 44430-7765466570854 Date of Disbursement
Mailing Address 313 C Street NE			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011	2000.00
Candidate Name Kirsten E. Gillibrand		Category/ Type	
	ement For: 2010 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
Hall for Congress Committee (RALPH HAI AS)	LL - ROCKWALL, TEX-		Transaction ID: 44430-0481683611869 Date of Disbursement
Mailing Address Post Office Box 711			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & 0 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Rockwall	State Zip Code TX 75087		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Ralph M. Hall		Category/ Type	
Senate X President	ement For: 2010 Primary General Other (specify)		
State: TX District: 04 Full Name (Last, First, Middle Initial)			
Hoosiers Supporting Buyer for Congress			Transaction ID: 44430-9677392840385 Date of Disbursement
Mailing Address 200 North Main St. PO E 200 North Main St. PO E	_		$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$
City Monticello	State Zip Code IN 47960		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1500.00
Candidate Name Stephen E. Buyer		Category/ Type	
Senate X President	ement For: 2010 Primary General Other (specify)		
State: IN District: 04			
SUBTOTAL of Disbursements This Page (optional)		<u>Þ</u>	4500.00

TOTAL This Period (last page this line number only)

CHEDULE B (FEC FOIII)	' Use separate schedule(s) FOR LINE (check only	
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r for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and address of any politic	al committee to so	for the purpose of soliciting contributions slicit contributions from such committee
/ American Academy of Ophthaln	nology Inc Political Committee (C	PHTHPAC)	
Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc			Transaction ID: 94409-0414392352 Date of Disbursement 0 9 M / D 1 7 / Y Y O 9 9
Mailing Address Post Office Bo	x 470840		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 9^{Y} \end{bmatrix}$
City Tulsa	State Zip Code OK 74147		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution Candidate Name		011	2500.00
John Sullivan		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 X Primary Genera Other (specify) ▼	ı	
State: OK District: 01 Full Name (Last, First, Middle Initial)			
John Sullivan for Congress Inc			Transaction ID: 99311-1452142596 Date of Disbursement
Mailing Address Post Office Bo	x 470840		$ \begin{bmatrix} 0 & 9 & 0 \\ 0 & 9 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
City Tulsa	State Zip Code OK 74147		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary		011	5000.00
Candidate Name John Sullivan		Category/ Type	
Office Sought: X House Senate President State: OK District: 01	Disbursement For: 2010 Primary X Genera Other (specify) ▼		
Full Name (Last, First, Middle Initial) Klein for Congress			Transaction ID: 99311-1522333025 Date of Disbursement
Mailing Address 21301 Powerli	ne Road, Suite 204		09 / 29 / 2009
City Boca Raton	State Zip Code FL 33431		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution 2010 Primary		011	1000.00
Candidate Name Ron Klein		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify)	ı	
State: FL District: 22			

	Use separate schedule(s	5)	(check	only on	۵)				39
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	` _F	21b 27		´ —	X 23 28b	24 28c	25 29	26
Any Information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,								
American Academy of Ophthalmology In	c Political Committee (O	PHTH	PAC)						
Full Name (Last, First, Middle Initial) McCaul for Congress, Inc						ction ID		7-758983	379087
Mailing Address 815-A Brazos Street				_	0 9 M	_	0 3	Ý ŽOŎ	9 ^Y
Pmb 230	State Zip Code			-	Amount	of Eacl	n Disburs	ement this	Period
Austin	TX 78701	1		_ [1000.0	n
Purpose of Disbursement Contribution 2010 Primary Contribution		_	011] '				1000.0	0
Candidate Name Michael T. McCaul		1	tegory/ ype						
X	x Primary Quench General Other (specify)								
Full Name (Last, First, Middle Initial)					ranca	otion ID	. 6610	2-716015	504097
McCaul for Congress, Inc						Disburs	sement		
Mailing Address 815-A Brazos Street Pmb 230					0 9 "] ' [] :	28	žoŏ	9
City Austin	State Zip Code TX 78701			A	Amount	of Eacl	n Disburs	ement this	
Purpose of Disbursement Void ck issued 9/3/09			011	1				-1000.0	Ü
Candidate Name Michael T. McCaul		1	tegory/ ype						
X	sement For: 2010 X Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) Pallone for Congress						ction ID Disburs		0-200130)64146
Mailing Address PO Box 3176					0 9 M	/ D	03 /	žoŏ	9 ^Y
City Long Branch	State Zip Code NJ 07740			A	Amount	of Eacl	n Disburs	ement this	Period
Purpose of Disbursement 2010 Primary Contribution		_	011	1 I				1500.0	0
Candidate Name Frank Pallone, Jr.			tegory/ ype						
9 1	xsement For: 2010 X Primary General Other (specify)	!							
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	nc Political Committee (O	PHTHPAC)	
Full Name (Last, First, Middle Initial) Pallone for Congress			Transaction ID: 44430-5776330828 Date of Disbursement
Mailing Address PO Box 3176			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 General		011	1000.00
Candidate Name Frank Pallone, Jr.		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)	1 "	
State: NJ District: 06 Full Name (Last, First, Middle Initial) Prosperity Pac			Transaction ID: 44430-0082208514
Mailing Address 1006 Pendleton Street			0 9 / 0 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary	VA 22014	011	1500.00
Candidate Name Prosperity Pac		Category/ Type	
Office Sought: House Disbu	rsement For: 2009 Primary General X Other (specify) ribution	.,,,,,	
Full Name (Last, First, Middle Initial) Searchlight Leadership Fund	10011011		Transaction ID: 99311-1637231707 Date of Disbursement
Mailing Address 607 14th Street, N.W. Suite 800			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution 2010 Primary		011	2500.00
Candidate Name Searchlight Leadership Fund		Category/ Type	
Senate President	rsement For: 2009 Primary General X Other (specify)	1 "	
State: District: Cont	ribution		
SUBTOTAL of Disbursements This Page (option			5000.00

SCHEDULE B (FEC FOIIII 3X)		·	Use separate schedule(s)			FOR LINE (check only		NUMBER: PAGE 38 /				36 / 3) 9		
		SBURSEMEN		Detailed	category of the Summary Page		2 2	21b 27	22 28a		23 28b	24 28	с	25 29	
or f		ed from such Reports poses, other than us MITTEE (In Full)													3
\		demy of Ophthalm	nology Inc F	Political (Committee (OF	HTH	IPAC	()							
	Full Name (Last, Searchlight Le	First, Middle Initial) adership Fund							Date	of Disl	burse				
	Mailing Address	607 14th Stree Suite 800	t, N.W.						0 9	M /	^D 2	9 /	ž	0 ŏ 9)
	City Washington			State DC	Zip Code 20005				Amou	ınt of E	Each	Disbur		t this F	-
	Purpose of Disbu Contribution 2010 Candidate Name						011 itegor	v/		•			23	00.00	
	Searchlight Lea	adership Fund House	Disburser	nent For:	2009		Гуре	y [,]							
		Senate President	X	Primary Other (spe	General ecify) ▼										
		District: First, Middle Initial)	Contribu	ition								4443	30-64	59619	9402
	Sue Myrick for Mailing Address	PO Box 37091							Date 0 ^M 9	of Disl	burse 0		Y Y	0 ŏ 9) Y
	City			State	Zip Code				Amou	ınt of E	Each	Disbur	semen	t this F	Period
	Charlotte Purpose of Disbu 2010 Primary Coi		r	NC	28237	Г	011	\neg					10	00.00)
	Candidate Name Sue Wilkins M					Ca	itegor Type	y/							
	Office Sought:	X House Senate President District: 09	Disburser X	nent For: Primary Other (sp	2010 General ecify)										
	Full Name (Last,	First, Middle Initial) ary Cuellar Congre	l essional Ca	ımpaign					Date	of Disl	burse		11-33	99164	4080
	Mailing Address	1519 Washing Second Floor,							0 ^M 9	M /	^D 2	9 /	Ý Ž	0 ŏ 9) ^Y
	City Laredo			State TX	Zip Code 78042				Amou	ınt of E	Each	Disbur		-	-
	Purpose of Disbu Contribution 2010 Candidate Name						011		L.	•			10	00.00	,
	Henry Roberto Office Sought:	Cuellar X House	Disburser	ment For:	2010		tegor Type	y/							
	-	Senate President District: 28	X	Primary Other (spe	General										
	State: TX														

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		PAGE 39/39
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPI	HTHPAC)		
Full Name (Last, First, Middle Initial) Tiberi for Congress			Date of Disbursemen	
Mailing Address 2931 E Dublin Granville Suite 190	Road		$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	Ž O O O
City Columbus	State Zip Code OH 43231		Amount of Each Disb	oursement this Period
Purpose of Disbursement 2010 Primary Contribution		011		1000.00
Candidate Name Pat Tiberi		Category/ Type		
Senate X President	ement For: 2010 Primary General Other (specify)			
State: OH District: 12				
Full Name (Last, First, Middle Initial) Tiberi for Congress			Date of Disbursemen	
Mailing Address 2931 E Dublin Granville Suite 190	Road		09 / 17	² 2009
City Columbus	State Zip Code OH 43231		Amount of Each Disb	oursement this Period
Purpose of Disbursement 2010 Primary Contribution		011		1000.00
Candidate Name Pat Tiberi		Category/ Type		
9 1	ement For: 2010 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	45000.00

State: OH

District: 12